

Name
in
Full

Edward Aydelotte

153
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Potomac City</i>		Town <i>Worries</i>		County <i>Worries</i>		MARYLAND	
Date of death	1909	Month	Feb	Day	10 th	Age	—
Sex	Male	Color or Race	Colored	Birth-place	Worries Co	Months	4
Occupation	Infant			Where Residing if not at place of death			
Married, Single or Widowed	—			Name of Wife or Husband			
Father's Name	Harry Aydelotte			Father's Birthplace			
Mother's Maiden Name	Alice Green			Mother's Birthplace			
Name of person giving Information	Harry Aydelotte			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malariae Fever	How long	a week
Immediate	Cerebral Congestion	How long	1 day
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	Samuel S. Green		
Address	Potomac City Md		
Accident or Suicide	X		



Name
in
Full

Lora Beales

152
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Accomack County</i>		Town <i>Accomack</i>		County <i>Accomack</i>		MARYLAND	
Date of death	1909	Month	July	Day	10	Age	60
Sex	Female		Color or Race	White		Birthplace	Woods Co. Va.
Occupation	Domestic			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Francis Beales			
Father's Name	Jas. L. Huzzow				Father's Birthplace	Woods Co. Va.	
Mother's Maiden Name	Allie Beales				Mother's Birthplace	Woods Co. Va.	
Name of person giving Information	Edward Beales				How related to deceased	Son	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Valvular (Mitral) Heart Disease</i>		How long	<i>Several years</i>
Immediate	<i>Broken Compensation (Angina)</i>		How long	<i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		<i>R. Peet</i>		
		Address		
		<i>Accomack County Va.</i>		
Accident or Suicide?				

1880

1881

1882



Name
in
Full

Thomas Downing Cole

156
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

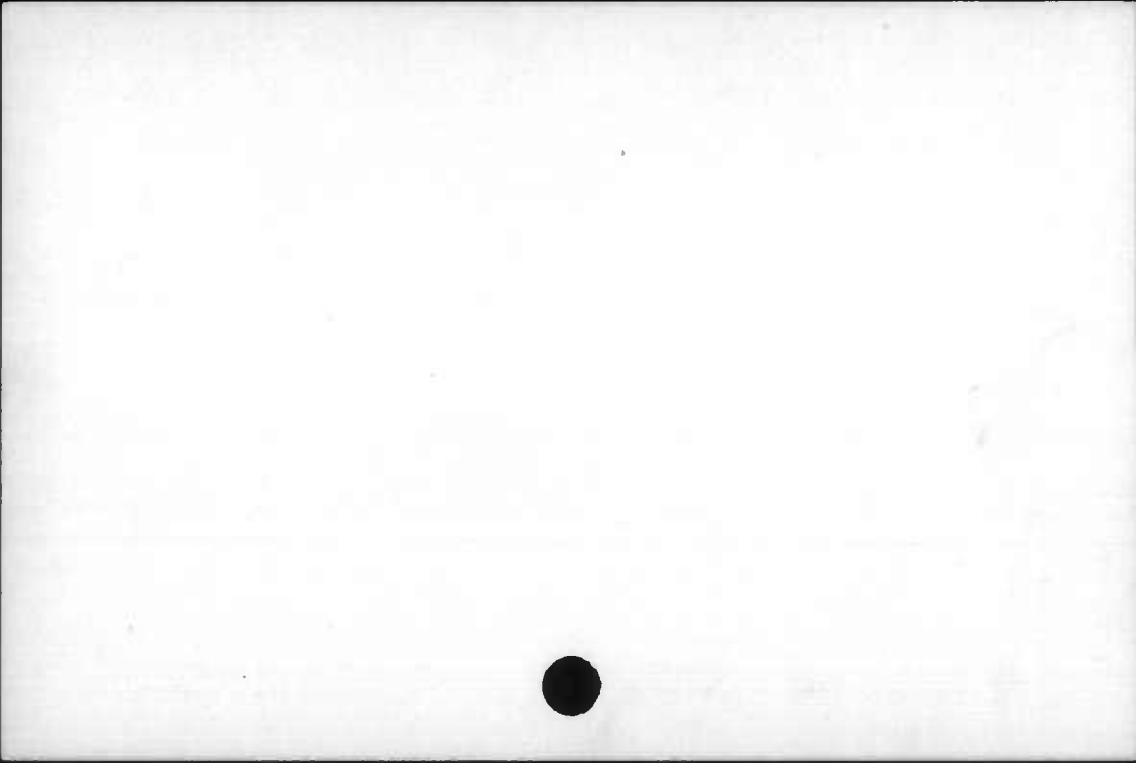
Died at <i>Pocomoke City</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death	<i>1909</i> ^{Month} <i>Feb</i> ^{Day} <i>25</i> ^{Years}	Age	<i>8</i> ^{Months}	<i>8</i> ^{Days}	
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Pocomoke City</i>
Occupation	<i>✓</i>	Where Residing if not at place of death		<i>✓</i>	
Married, Single or Widowed	<i>✓</i>	Name of Wife or Husband		<i>✓</i>	
Father's Name	<i>Thomas Downing</i>		Father's Birthplace	<i>Accomack Co. Va.</i>	
Mother's Maiden Name	<i>Erema Matthews</i>		Mother's Birthplace	<i>Accomack Co. Va.</i>	
Name of person giving Information	<i>Thomas Downing</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Bronchitis</i>	How long	<i>2 Weeks</i>
Immediate	<i>Broncho pneumonia</i>	How long	<i>3 Weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>R. Lee Cole</i>
<i>✓</i>		Address	<i>Pocomoke City, Md.</i>
Accident or Suicide?			



Name
in
Full154
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

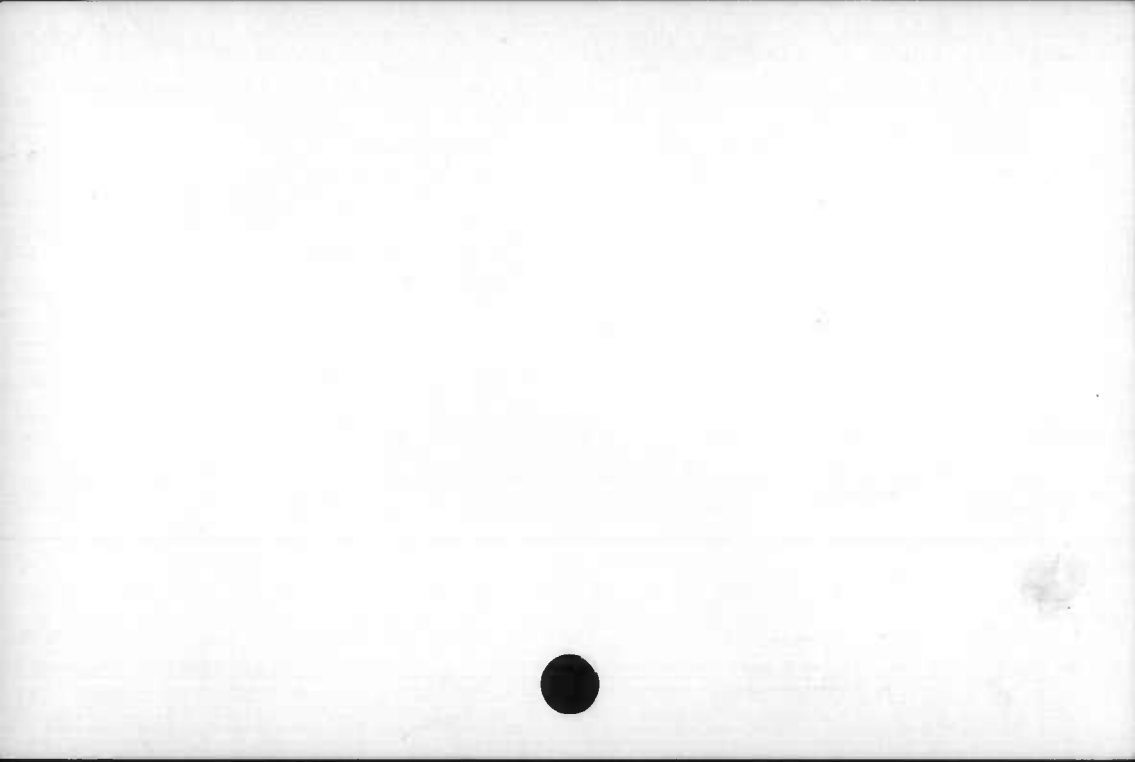
Died at <i>Pocomoke</i> Town		<i>Thurston</i> County		MARYLAND	
Date of death	1909	Month	Feb	Day	21
Age		27		Years	27
Sex	Male	Color or Race	White	Birth-place	V ²
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Jas. H. Cronson			Father's Birthplace	V ²
Mother's Maiden Name	Mary C. Hall			Mother's Birthplace	V ²
Name of person giving Information	Wade H. Cronson			How related to deceased	Brother

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Cause	<i>Pulmonary Tuberculosis</i>		How long	<i>3 years.</i>
Immediate Cause	<i>Lithaemia</i>		How long	<i>30 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
J ²		<i>J. M. Wilson</i>		
Address		<i>Pocomoke City</i>		
Accident or Suicide?		<i>✓</i>		



Name
in
Full

CERTIFICATE OF DEATH

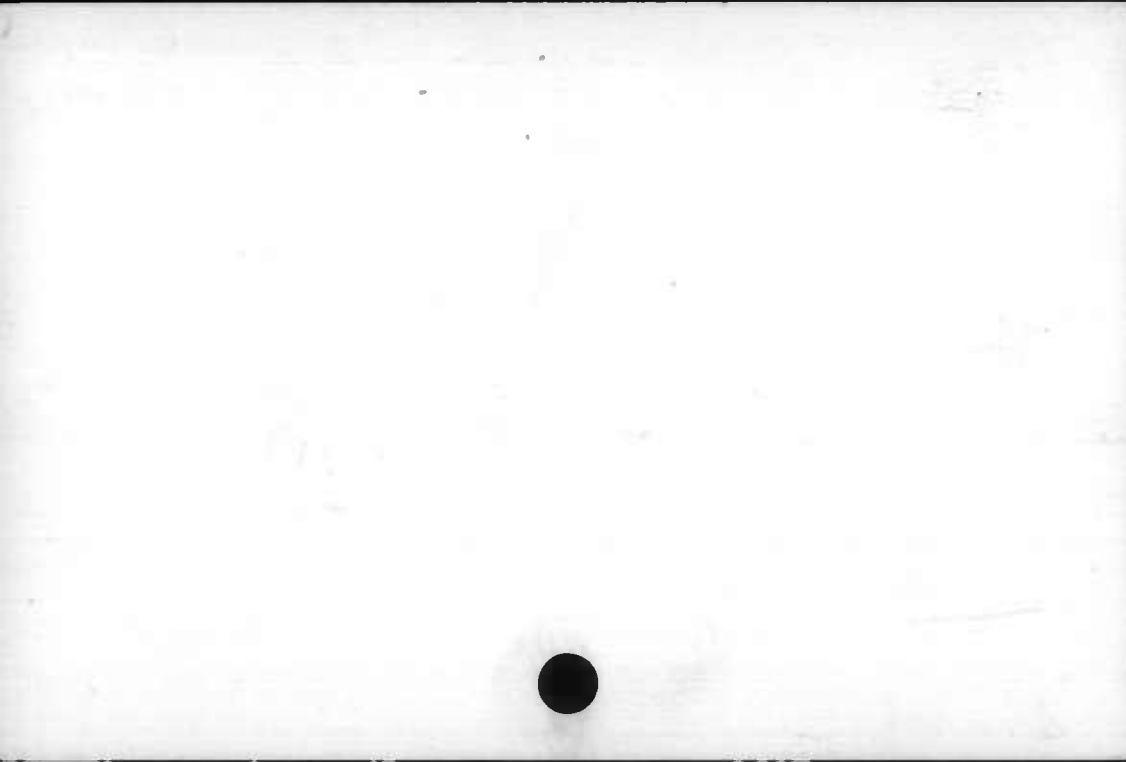
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John R. Griffin</i>		Town <i>Near Ocean City</i>		County <i>Mor.</i> Co.		MARYLAND	
Died at		Month <i>Feb</i>		Day <i>10</i>		Years <i>61</i>	
Date of death <i>1909</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Near O. City</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>John Griffin</i>				Father's Birthplace <i>Near O. City</i>			
Mother's Maiden Name <i>Mary Coffin</i>				Mother's Birthplace <i>Near O. City</i>			
Name of person giving Information <i>John R. Griffin</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Scarlet Fever</i>	How long	<i>4 days</i>
Immediate	<i>Nephritis</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. W. Druehl</i>	
<i>J. J. S.</i>		Address <i>Berlin Md</i>	
Accident or Suicide			



Name
in
Full

Mary Heward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brown Hill</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	<i>2nd</i> <small>Month</small>	<i>3rd</i> <small>Day</small>	<i>79</i> <small>Years</small>	<i>4</i> <small>Months</small>	<i>27</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Newport, N. J.</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>at place of death</i>		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Dot Snow</i>			
Father's Name <i>Unknown</i>			Father's Birthplace <i>New Jersey</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>New Jersey</i>		
Name of person giving information <i>Richard L. Heward</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Dilatation of Heart</i>	How long <i>I don't know</i>
Immediate <i>Cardiac Paralysis</i>	How long <i>Instantly.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. D. Strangku</i>
<i>so far as I know.</i>	Address <i>Brown Hill. Ind.</i>
Accident or Suicide? <i>Neither</i>	



Name
in
Full

Lavina Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

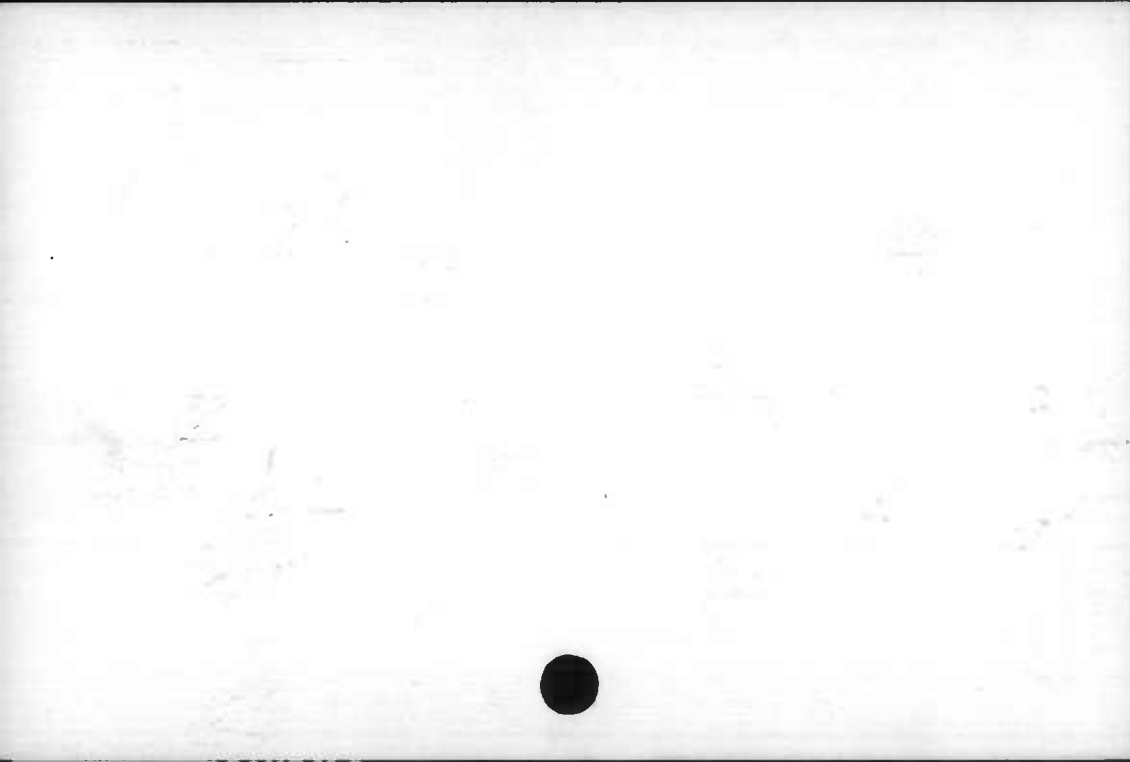
Died at		Town <i>Berlin</i>		County <i>Worcester</i>		MARYLAND	
Date of death		1909	Month <i>Mar</i>	Day <i>1st</i>	Age <i>57</i>	Years	Months
Sex		<i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Berlin</i>	
Occupation <i>House Wife</i>				Where Residing if not at place of death			
Married, Single or Widowed		<i>Widow</i>		Name of Wife or Husband <i>John Johnson</i>			
Father's Name		<i>Washington Mitchell</i>		Father's Birthplace		<i>Berlin</i>	
Mother's Maiden Name		<i>Fatty Dennis</i>		Mother's Birthplace		<i>Ind</i>	
Name of person giving Information		<i>Mary Johnson</i>		How related to deceased		<i>Daughter</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>15 years</i>
Immediate	<i>1 heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Chas. Syndace</i>	
<i>yes</i>		Address <i>Berlin</i>	
Accident or Suicide			



Name
in
Full155
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

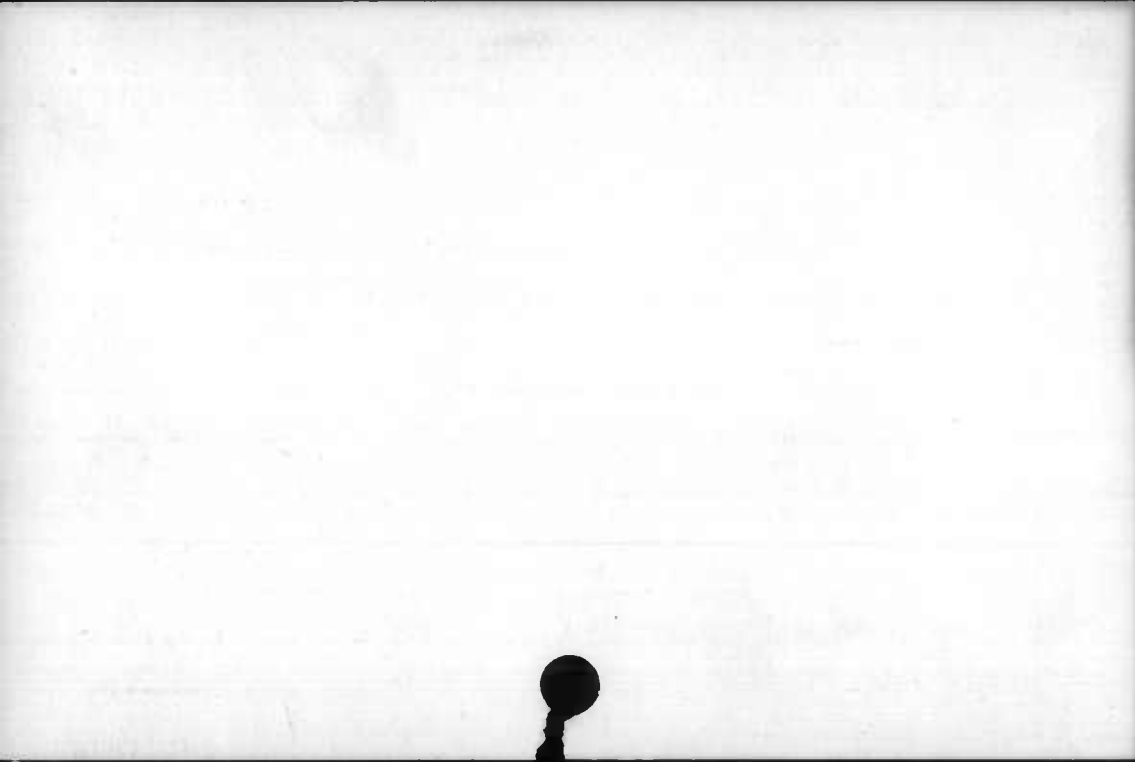
Died at <i>Near</i>		Town <i>Premoketcy</i>		County <i>Worcester</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>February</i>	Day <i>22</i>	Age <i>55</i>	Years	Months <i>6-</i>	Days <i>4</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Beaver Dam</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Joseph Landford</i>	Father's Birthplace <i>Somerset Co. Md.</i>						
Mother's Maiden Name <i>Elozabeth Fleming</i>	Mother's Birthplace <i>Somerset Co. Md.</i>						
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Killed by being run over on Railroad</i>	How long <i>on N.Y. P. & N.R.R.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ephraim Hellman</i>
	Address <i>corner of the Race acting corner</i>
Accident or Suicide?	



Name
in
Full

Herley J. Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Snow Hill		County Horton		MARYLAND	
Date of death		1907	Month Feb	Day 7	Age —	Years —	Months 7
Sex Male		Color or Race Colored		Birth- place Snow Hill Md		Days 7	
Occupation —				Where Residing if not at place of death Snow Hill Md			
Married, Single or Widowed no		Name of Wife or Husband —					
Father's Name John Nelson				Father's Birthplace Snow Hill Md			
Mother's Maiden Name Minnie Dorsey				Mother's Birthplace Snow Hill Md			
Name of person giving Information John Nelson				How related to deceased father			

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	Capillary (Bronchitis)	How long 2 wks.
Immediate		How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

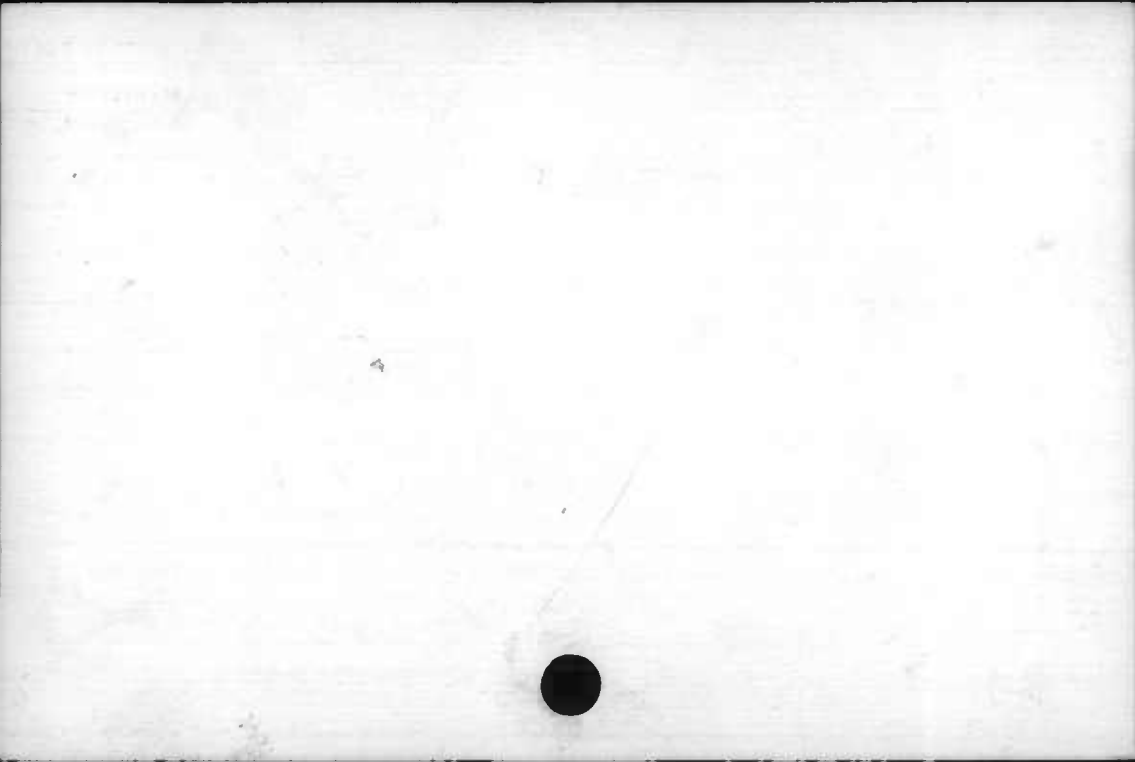
Address

W. D. Strangue

Snow Hill, Md.

Accident or Suicide

Neither.



Name in Full		Lula Parker				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Snow Hill			Worcester			
	Date of death	1909	Month	Feb.	Day	17	Age
			Years	—		Months	8
			Days	—			
	Sex	Female		Color or Race	colored		Birth-place
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			William Parker			Father's Birthplace	
						Worcester Co. Maryland	
Mother's Maiden Name			Grace Johnson			Mother's Birthplace	
						Accomac Co. Virginia	
Name of person giving information			William Parker			How related to deceased	
						Father	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; font-size: 2em; font-weight: bold;">62</div> </div>							
PHYSICIAN OR CORONER	Primary		Typhoid with general disorder of nutritive functions				
	Immediate		Aschuria				
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					John S. Schellotte		
					Address		
				Snow Hill			
				Md.			
				Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

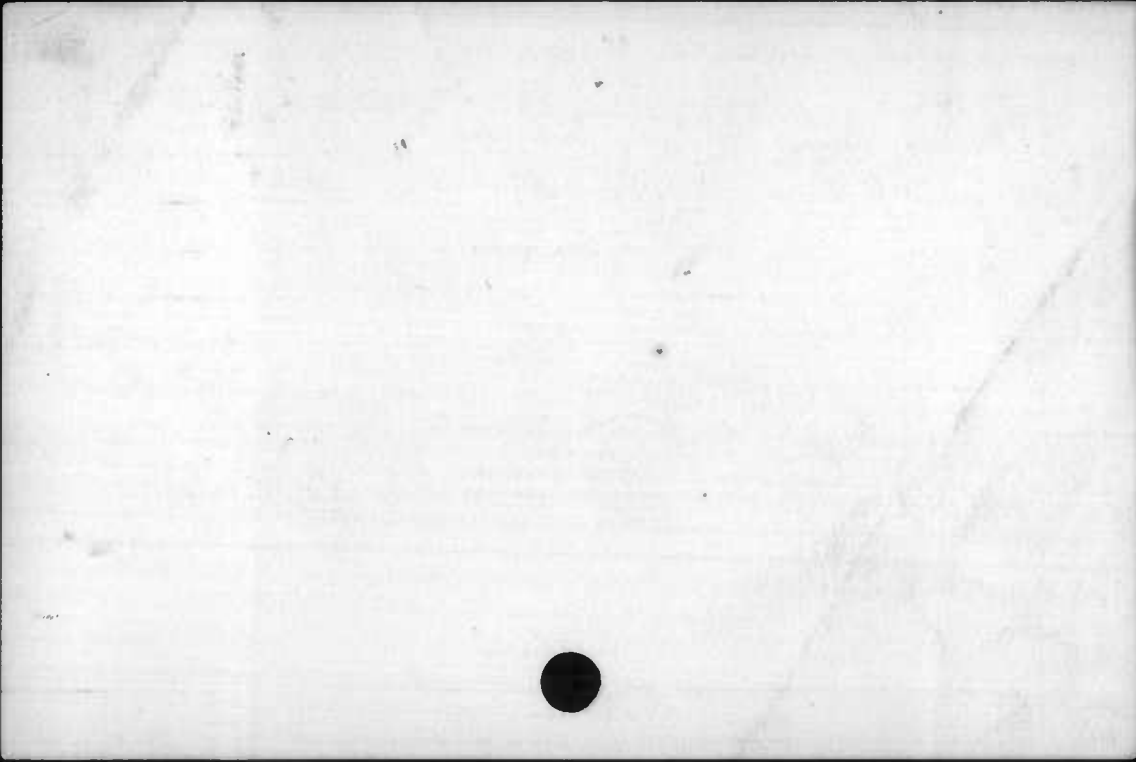
Died at <i>Snow Hill</i> Town, <i>Worcester</i> County		MARYLAND	
Date of death <i>1909</i> <i>Feb.</i> <i>16</i>	Age <i>72</i>	Months <i>8</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Pg</i>	
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>		
Maiden Name <i>—</i> or Widow <i>—</i>	Name of Wife or Husband <i>Peter Shasky</i>		
Father's Name <i>Robt. Brown</i>	Father's Birthplace <i>Scotland</i>		
Mother's Maiden Name <i>James Hair</i>	Mother's Birthplace <i>Scotland</i>		
Name of person giving information <i>Jimmie Shasky</i>	How related to deceased <i>daughter</i>		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>Several months</i>
Immediate <i>Heart failure</i>	How long <i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Paul one</i>
Address <i>Snow Hill Md</i>	
Accident or Suicide?	



Name
in
Full

Emory Smack

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Berlin* Town *Winchester* County **MARYLAND**Date of death *1909* Month *Feb* Day *11* Age *42* Months DaysSex *Male* Color or Race *Black* Birth-place *Maryland*Occupation *Laborer* Where Residing if not at place of death *—*Married, Single or Widowed Name of Wife or Husband *Unknown*Father's Name *Lambert Smack* Father's Birthplace *Maryland*Mother's Maiden Name *Margaret Purnell* Mother's Birthplace *Maryland*Name of person giving Information *William Purnell* How related to deceased *None*

CAUSES OF DEATH

40

Primary *Cancer of Stomach* How long *4 months*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full151
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

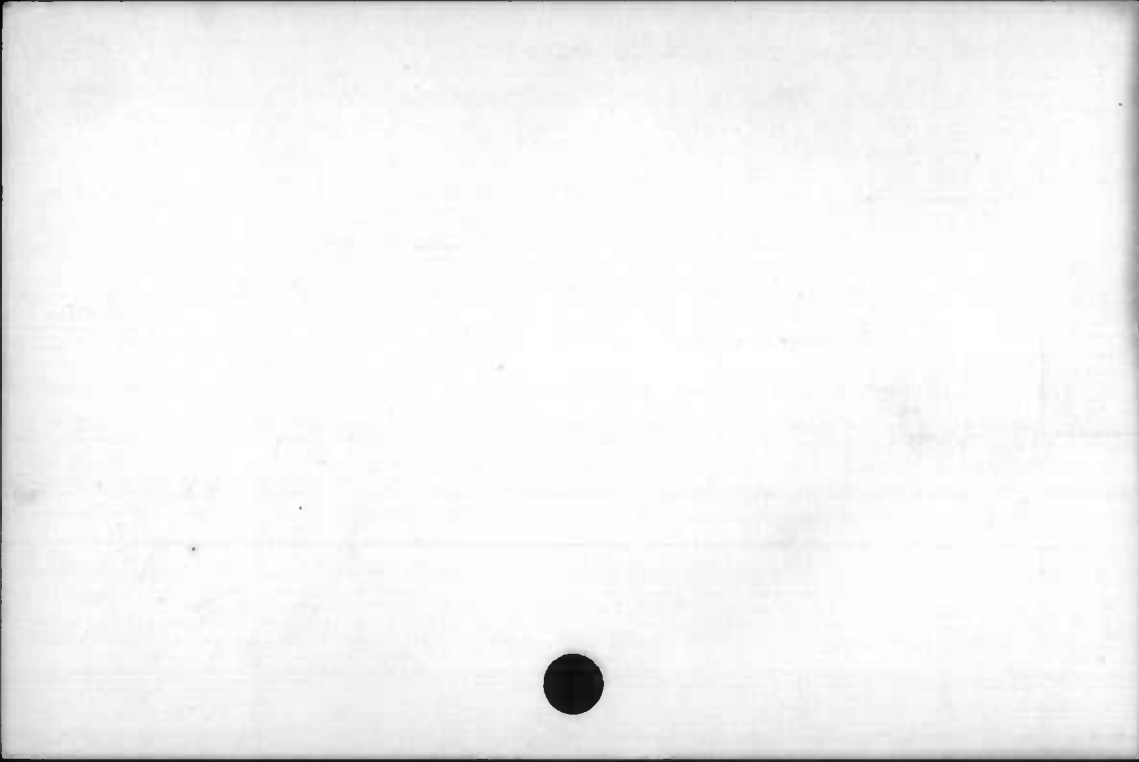
Died at		P. C. MCKENNEY HOUSE		County		MARYLAND	
Date of death	1909	Month	July	Day	7	Age	49
Sex		Female		Color or Race		White	
Occupation		Domestic		Birth-place		Germany	
Married, Single or Widowed		Married		Where Residing if not at place of death		✓	
Name of Wife or Husband		Michael Spieck		Father's Name		John Zelaski	
Father's Name		John Zelaski		Father's Birthplace		Germany	
Mother's Maiden Name		Maggie Zelaski		Mother's Birthplace		Germany	
Name of person giving Information		John Spieck		How related to deceased		Son	

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary	Carcinoma of Uterus	How long	Three years
Immediate	Uterine Cancer & Anemia	How long	Two months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		R. Beecham	
		Address	
		Pocomoke City, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Box Iron</i>		County <i>Worcester</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		<i>Feb</i>	<i>11</i>	<i>27</i>			
Sex		Color or Race		Birthplace			
<i>Male</i>		<i>colored</i>		<i>Maryland</i>			
Occupation		Where Residing if not at place of death					
<i>laborer</i>		<i>Box Iron md</i>					
Married, Single or Widowed		Name of Wife or Husband					
<i>Yes</i>		<i>Adella Waters</i>					
Father's Name		Father's Birthplace					
<i>Isaac Waters</i>		<i>Maryland</i>					
Mother's Maiden Name		Mother's Birthplace					
<i>Rosie Coker</i>		<i>Maryland</i>					
Name of person giving Information		How related to deceased					
<i>Samuel H. Waters</i>		<i>Brother</i>					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary		How long	
<i>Grp</i>		<i>8 days</i>	
Immediate		How long	
<i>Double Pneumonia</i>		<i>4 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Gene Jones</i>	
Accident or Sulfida		Address	
<i>No</i>		<i>Snow Hill Md</i>	

